

JCS844 U.S. PTO
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MANUAL OF PATENT EXAMINING PROCEDURE

Please type a plus sign (+) inside this box → ☐

PTO/SB/50 (1-00)
Approved for use through 09/30/00. OMB 0651-0033
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	RE-001
	First Named Inventor	Brown
	Original Patent Number	5,759,606
	Original Patent Issue Date (Month/Day/Year)	06/02/98
	Express Mail Label No.	5670664845

APPLICATION FOR REISSUE OF: ☒ **Utility Patent** ☐ **Design Patent** ☐ **Plant Patent** 2105
(Check applicable box)

APPLICATION ELEMENTS	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> *Fee Transmittal Form (PTO/SB/58) (Submit an original, and a duplicate for fee processing)	8. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.9 and 1.27.	9. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
3. <input checked="" type="checkbox"/> Specification and Claims (amended, if appropriate)	10. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	11. <input type="checkbox"/> Preliminary Amendment
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)	12. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
Original U.S. Patent	13. <input type="checkbox"/> Other:
6. <input type="checkbox"/> Offer to Surrender Original Patent (37 C.F.R. § 1.178) (PTO/SB/53 or PTO/SB/54)
or
<input checked="" type="checkbox"/> Ribbioned Original Patent Grant
<input type="checkbox"/> Statement of Loss (PTO/SB/55)
7. Original U.S. Patent currently assigned?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(If Yes, check applicable box(es))	
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53 or 54)	
<input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney	

14. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label		or <input checked="" type="checkbox"/> Correspondence address below	
<div style="background-color: black; width: 200px; height: 20px;"></div>			
Name	Carl C. Kling		
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Hawthorne	NY	10532-0305	
Country	Telephone	Fax	
US	914/525-8590	203/422-2546	

NAME (Print/Type)	Carl C. Kling	Registration No. (Attorney/Agent)	19137
Signature	Carl C. Kling	Date	06/01/2000

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PTO/SB/56 (12-97)

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) RE-001		
Claims as Filed - Part 1								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 3	Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i))	(B) 7	**** =	x \$	= 0	or	x \$ = 0	
(C) 2		(D) 4	1 =	x \$ 39 =	39		x \$ = 39	
Basic Fee (37 CFR 1.16(h))					\$ 345		\$ 345	
Total Filing Fee					\$ 384	OR	\$ 384	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	=	x \$	=	or	x \$ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$	=		x \$ =
Total Additional Fee					\$	OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>11-1257</u> in the amount of <u>\$ 384</u>. A duplicate copy of this sheet is enclosed.</p>								
<p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.</p>								
<p><input checked="" type="checkbox"/> A check in the amount of \$ <u>384.00</u> to cover the filing / additional fee is enclosed.</p>								
<u>06/01/2000</u> Date		 Signature of Applicant, Attorney or Agent of Record						
		<u>Carl C. Kling</u> Typed or printed name						

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CERTIFICATE OF MAILING

This certifies that the accompanying communication is being mailed on the below date of mailing, by prepaid EXPRESS MAIL properly addressed to:

Assistant Commissioner for Patent
Box Patent Applications
Washington, DC 20231

Person Mailing--Carl C. Kling and Attorney (Reg. 19,137)	<u>June 1, 2000</u> Date of Mailing *****	<u>June 1, 2000</u> Date of Signature *****
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of : Robert W. Brown and Bruce A. Kade
 Serial Number : --
 Filing Date June 1, 2000 By Express Mail
 Title: Method of Preparing Bagel Dough to Make English Muffin Bagels

TRANSMITTAL AND FEE AUTHORIZATION

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON DC 20231

Sir:

Enclosed are the following:

- ☒ [XX] Return postcard.
- ☒ [XX] Check for \$384.00.
- ☒ [XX] Reissue Application
- ☒ [XX] Formal Drawings (1 sheet).
- ☒ [XX] Declaration (3) sheets.
- ☒ [XX] Small Entity Statement
- ☒ [XX] Patent Specification (14) sheets.

☒ [XX] The Commissioner is authorized and requested to charge any additional fees, or to credit any overpayment, to:

Deposit Account 11-1257

Respectfully submitted,

Robert W. Brown and Bruce A. Kade
 by Carl C. Kling Attorney
 Carl C. Kling (Registration 19,137)

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